

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.  
**19/890319**  
APPLICANT

FILING DATE

**3/8/04 11504 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3		3				
4		3				
5	1					
6		1				
7		2				
8		3				
9		3				
10		3				
11	1					
12		1				
13		3				
14		3				
15		3				
16		3				
17	1					
18	1					
19		3				
20		3				
21		3				
22		3				
23	1					
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48						
49						
50						
TOTAL IND.	7		4		4	
TOTAL DER.		11		11		11
TOTAL CLAIMS	38		15		15	

	A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY